

# LANDLORD/HOME OWNER GAS SAFETY RECORD

GAS INSTALLER: (Trading Title) Colin Robertson

Name: C. Robertson Gas Safe Register No: 157664

Address: 19. Leighton Cliff Gas Installer Ref. No: A.B.

Post code: Y030529 Date of Issue: 5/11/24

Tel: 07710448500 Engineers Name: (print) C. Robertson

This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has not been carried out.

## TENANT/HOME OWNER DETAILS

Tenant/Home Owner\* Name: \_\_\_\_\_

Property Address: 213. Burton Stone Lane

Post Code: \_\_\_\_\_

Tenant/Home Owner\* present during inspection YES/NO \_\_\_\_\_

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: Adam Bennett Letting

Address: 58. GUYBATE York

Post Code: \_\_\_\_\_

Tel: 611611

Landlord/Agent\* present during inspection YES/NO YES

APPLIANCE DETAILS			INSPECTION DETAILS				FLUE TEST				RESULTS							
LOCATION	MAKE	MODEL	TYPE	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation Yes/No	Ventilation Adequate Yes/No	CO Alarm fitted Yes/No	CO Alarm tested Pass/Fail	Flue Flow Test Pass/Fail	Spillage Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Performance Reading CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1 LOFT	INER	COG5	HE	19	19	YES	YES	YES	PASS	PASS	PASS	YES	PASS	8.99/6.70	YES	YES	YES	
2																		
3																		
4																		
5																		

REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED		
1	2	3	4	5	Yes	NO

**Outcome of gas installation pipework visual inspection?** Pass / Fail / NA

**Outcome of gas supply pipework visual inspection?** Pass / Fail / NA

**Is the Emergency Control Valve access satisfactory?** Pass / Fail / NA

**Outcome of gas tightness test?** Pass / Fail / NA

**Is the Protective Equipotential bonding satisfactory?** Pass / Fail / NA

This Safety Record is issued by Gas Installer: (SIGNED) \_\_\_\_\_

Received on behalf of Landlord / Home Owner: (SIGNED) \_\_\_\_\_

Tenant/Landlord/Agent/Home Owner\* \_\_\_\_\_

Number of appliances tested: 0

Date: 5/11/24

ATTENTION  
Next safety check due by: 5/11/25